

## 2020-2021 Annual School Immunization Report

**REQUIRED**

1. Preschool name:  \*

2. Name of school affiliation (if applicable):

3. Person completing form if different than TOTAL ENROLLMENT page

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

4. How many preschoolers are enrolled at the school? \*

*This number must match the sum of TOTAL NUMBER OF CHILDREN IN AGE GROUP in the table below.*

<b>Immunization Requirements Preschool Students 3-5 years old</b>	
<ul style="list-style-type: none"> <li><b>Diphtheria, Tetanus, Pertussis (DTaP/DT)</b></li> </ul>	Four doses. The 3 <sup>rd</sup> and 4 <sup>th</sup> dose must be separated by at least 6 months
<ul style="list-style-type: none"> <li><b>Polio</b></li> </ul>	Three doses. Any OPV dose(s) given on or after April 1, 2016 does not count toward the polio vaccine requirement and the series must be completed with IPV.
<ul style="list-style-type: none"> <li><b>Measles, Mumps, and Rubella</b></li> </ul>	One dose. This dose must be administered on or after 12 months of age.
<ul style="list-style-type: none"> <li><b>Haemophilus Influenzae Type B (Hib)</b></li> </ul>	One dose on or after 15 months of age <b>OR</b> four doses with the last dose administered on or after 12 months of age. Hib is not required for children 5 years old and older.
<ul style="list-style-type: none"> <li><b>Hepatitis B</b></li> </ul>	Three doses given at acceptable intervals.
<ul style="list-style-type: none"> <li><b>Varicella (Chicken Pox)</b></li> </ul>	One dose. This dose must be administered on or after 12 months of age <b>OR</b> laboratory confirmation of chicken pox disease.

5. Of the TOTAL PRESCHOOLERS entered above, how many students are up-to-date and have completed the full immunization series for ALL required vaccines? \*

***Do not include the students who have a medical/religious exemption or are not up-to-date at this time.***

6. Of the TOTAL PRESCHOOLERS entered above, how many students are CONDITIONALLY ENROLLED? \*

*Conditionally enrolled is defined as having documentation of at least one dose of each required vaccine(s) **and** an appointment date for the next due dose(s) of the required vaccines(s).*

7. Of the TOTAL PRESCHOOLERS entered above, how many students have a RELIGIOUS EXEMPTION to one or more of the required vaccines? \*

8. Of the TOTAL PRESCHOOLERS entered above, how many students have a MEDICAL EXEMPTION to one or more of the required vaccines? \*

9. Of the TOTAL PRESCHOOLERS entered above, how many students are NOT up-to-date **and** DO NOT meet conditional enrollment or exemption status? \*

*NOTE: Per NH RSA 141-C:20-a, these students should not be enrolled. However, in order to determine how best to support schools and school nurses, NHIP is now collecting this data to determine the extent of the problem.*

Please complete and fax or mail to the  
NH Immunization Program, 29 Hazen Drive, Concord, NH 03301  
Fax number (603)271-3850  
Or scan and email to: [immunization@dhhs.nh.gov](mailto:immunization@dhhs.nh.gov)

